Henry P. Roybal Commissioner, District 1

Anna Hansen Commissioner, District 2

Rudy N. Garcia Commissioner, District 3



Anna T. Hamilton
Commissioner, District 4

Ed Moreno
Commissioner, District 5

Katherine Miller County Manager

MEMORANDUM

Date:

January 29, 2019

To:

Santa Fe County Board of County Commissioners

From:

Stephanie Schardin Clarke, Finance Division Director

Via:

Katherine Miller, County Manager, Santa Fe County

Re:

Resolution No. 2019-_____, A Resolution Approving a Budget Increase To Indigent Fund (220) in the Amount of \$75,373 to Budget Funds for the Safety

Net Care Pool Payment (Finance Division/Stephanie Schardin Clarke)

ISSUE

The purpose of this request is to increase the Indigent Fund (220) in the amount of \$75,373 to increase the payment to the Human Services Division (HSD) for the Safety Net Care Pool expense.

BACKGROUND

Pursuant to Section 27-5-6.2 NMSA 1978, HSD annually submits an invoice to Santa Fe County for payment of the county's obligation to the Safety Care Net Pool. The State Safety Care Net Pool was implemented after the federal Affordable Care Act was enacted to ensure that county governments meet their statutory obligations to provide or pay for the care of indigent patients. The county must contribute an amount equal to 1/12% of matched gross receipts from the prior fiscal year. The budget office, along with the Community Service Department, makes an estimate during the budget season based on anticipated gross receipts in the county. The invoice received in FY2019 was for \$3,389,939, while \$3,314,566 was budgeted prior to the receipt of the invoice. An additional amount of \$75,373 is needed to meet the county's annual obligation to HSD.

ACTION REQUESTED

The Finance Division requests approval of this Resolution to budget the additional amount of \$75,373 to the Indigent Fund (220) for expenditures related to the Safety Net Care Pool.

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1) Please summarize the request and its purpose.

date, other laws, regulations, etc.):

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RESOLUTION 2019 -

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- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following: a) If this is a state special appropriation, If YES, cite statute and attach a copy.
- If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a X. ON Does this include state or federal funds? YES award letter and proposed budget. **p**
- If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.). Is this request is a result of Commission action? YES (C)
- Please identify other funding sources used to match this request. NA ф

SANTA FE COUNTY

RESOLUTION 2019 -__

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ed This Day of	Santa Fe Board of County Commissioners	Ę		
Approved, Adopted, and Passed	Sai		ATTEST:	

Gross Receipts by Location: Calculation of 1/12%

		FY2018	FY19	
	Counties	Matched Taxable		
		Gross Receipts	1/12%	
		(TGR)	Increment	Quarterly
1	Bernalillo County	\$17,924,457,886.06	\$14,937,048.24	\$3,734,262.06
2	Catron County	\$35,424,102.32	\$29,520.09	
3	Chaves County	\$1,256,985,485.47	\$1,047,487.90	
4	Cibola County	\$380,715,758.29	\$317,263.13	
5	Colfax County	\$281,413,251.58	\$234,511.04	The state of the s
6	Curry County	\$932,484,077.25	\$777,070.06	
7	De Baca County	\$27,066,642.35	\$22,555.54	
8	Dona Ana County	\$3,706,226,758.23		
9	Eddy County	\$5,185,125,197.77	\$4,320,937.66	
10		\$480,552,089.12	\$400,460.07	
11	Guadalupe County	\$98,769,132.18	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER. THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	\$20,576.90
	Harding County	\$16,175,838.67	\$13,479.87	\$3,369.97
	Hidalgo County	\$192,434,800.09	\$160,362.33	\$40,090.58
	Lea County	\$5,153,349,556.54	\$4,294,457.96	\$1,073,614.49
15	Lincoln County	\$520,257,930.58	\$433,548.28	\$108,387.07
	Los Alamos	\$1,391,634,968.93	\$1,159,695.81	\$289,923.95
17	Luna County	\$408,951,301.16	\$340,792.75	\$85,198.19
18	Mckinley County	\$1,051,741,187.85	\$876,450.99	\$219,112.75
19	Mora County	\$40,833,264.71	\$34,027.72	\$8,506.93
20	Otero County	\$928,437,761.32	\$773,698.13	\$193,424.53
21	Quay County	\$146,716,154.05	\$122,263.46	\$30,565.87
22	Rio Arriba County	\$412,917,074.10	\$344,097.56	\$86,024.39
23	Roosevelt County	\$283,520,764.71	\$236,267.30	\$59,066.83
24	San Juan County	\$3,140,989,765.49	\$2,617,491.47	\$654,372.87
	San Miguel Co	\$379,423,699.32	\$316,186.42	\$79,046.60
26	Sandoval County	\$1,495,220,280.85	\$1,246,016.90	\$311,504.23
27	Santa Fe County	\$4,067,926,525.69	\$3,389,938.77	\$847,484.69
28	Sierra County	\$164,051,049.85	\$136,709.21	\$34,177.30
29	Socorro County	\$191,086,701.59	\$159,238.92	\$39,809.73
30	Taos County	\$676,289,893.26	\$563,574.91	\$140,893.73
31	Torrance County	\$208,362,894.34	\$173,635.75	\$43,408.94
32	Union County	\$106,733,270.13	\$88,944.39	\$22,236.10
33[Valencia County	\$1,053,007,040.87	\$877,505.87	\$219,376.47
	TOTAL	\$52,339,282,104.72	\$43,616,068.42	\$10,904,017.11

<u>Source</u>: New Mexico Taxation and Revenue Department, Monthly Local Government Distribution Reports (RP-500). Data is by business activity month.



November 16, 2018

Susana Martinez, Governor Brent Earnest, Secretary Nancy Smith-Leslie, Director

Dear County Representative:

As you may be aware, the Safety Net Care Pool fund was created to make payments to qualifying hospitals. Section 27-5-6.2 NMSA 1978 requires counties to transfer an amount equal to a gross receipts tax rate of one-twelfth percent to the Safety Net Care Pool fund annually. The total amount is divided into four quarterly payments and statute directs each county to transfer the amount by the last day of

This correspondence serves as a reminder that the quarterly transfer to the Safety Net Care Pool fund is due. For your reference the enclosed table lists the amount equal to a gross receipt tax rate of onetwelfth percent for each county along with the calculated quarterly amount. This information can also be found at http://www.tax.newmexico.gov/gross-receipts-taxes.aspx.

The law also states that "a county may use public funds from any existing authorized revenue source of the county." Counties must also submit certification that the funding being transferred is from public funds ("authorized" revenue sources). This certification is required by federal regulation (see, for example 42 CFR §433.50-51). Please complete and sign the enclosed certification of participation

Send the original signed certification and a check made payable to the Human Services Department for the quarterly amount due to the Safety Net Care Pool fund to the following address:

HSD/Medical Assistance Division Attn: Financial Management Bureau P.O. Box 2348 Santa Fe, NM 87504-2348

If sending via Fed Ex or UPS: HSD/Medical Assistance Division Attn: Financial Management Bureau Ark Plaza 2025 S. Pacheco Street Santa Fe, NM 87505

We would appreciate if you could send your 2nd Quarter payment in by December 31, 2018 due date.

If you have any questions regarding the Safety Net Care Pool fund, please feel free to call me at (505) 827-6235 or email Esther.Martinez@state.nm.us. Thank you for your prompt attention to this matter.

Sincerely.

Esther L. Martinez, Financial Specialist AO-O

Financial Management Bureau

Encl.

NEW MEXICO HUMAN SERVICES DEPARTMENT

SAFETY NET CARE POOL PAYMENT PROGRAM CERTIFICATION FOR LOCAL GOVERNMENTAL ENTITY PARTICIPATION

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Santa Fe County a_ under the laws of the State of New Mexico (hereinster referred to as the "Local Governmental Entity"), I, Kathenine Miller affirm and certify the following:

I. Definitions

- The term "Local Governmental Entity" means any County or Counties that makes A. a transfer of funds to the State of New Mexico for the purpose of funding a payment to any hospital under the New Mexico Medicaid program.
- B. The term "Supplemental Payment" means any payment to a hospital pursuant to the Safety Net Care Pool ("SNCP") Payment provisions of the New Mexico Medicaid program.
- The term "State" means the State of New Mexico or any of its officers or C.

Π. Public Adoption and Access

The governing body of the Local Governmental Entity adopted the conditions A. described in this Certification by recorded vote taken in a public meeting held in compliance with the applicable state and federal laws.

Funding for the Supplemental Payments Ш.

- The Local Governmental Entity shall transfer Public Funds to the State of New A. Mexico for use as the non-federal share of the Safety-Net Care Pool supplemental Medicaid payments to one or more hospitals in accordance with the New Mexico Indigent Hospital and County Health Care Act, NMSA 1978, Sections 27-5-1 to 12.1, specifically NMSA 1978, Section 27-5-6.1.
- All transfers of Public Funds by the Local Governmental Entity to the State to support payments to hospitals under the SNCP must comply with:
 - The applicable regulations that govern provider-related donations codified (1)at section 1903 (s) of the Social Security Act (42 U.S.C. § 1396 b(w)), and Title 42, Code of Federal Regulations, Part 433, subpart B, section 433.52

V. Education

- Consistent with its constitutional, statutory, and fiduciary obligations, the Local A. Governmental Entity may evaluate a Hospital's historical experience in providing indigent care in the community, including the impact and amount of indigent care provided by the Hospital, for the following purposes:
 - (1)To determine whether the Hospital's performance benefit the community and whether its continued participation in the indigent care program is likely to continue to benefit the community, and/or
 - (2)To provide accountability to local taxpayers.
- The Local Governmental Entity's evaluation under this provision may: B.
 - (1)Occur on a schedule determined by the Local Governmental Entity, but not more often than once each calendar quarter;
 - Be documented in a manner sufficient to confirm achievement of the (2)Local Governmental Entity's mission and provide an appropriate and constitutional basis on which a transfer of Public Funds has been made to the State: and
 - (3) Not include consideration of matters expressly prohibited herein or prohibited by state and federal laws and regulations.

ON BEHALF of the Local governmental Entity, I hereby certify that I have read and understood the above statements; that the statements are true, correct, and complete; and that I am authorized to bind the Local Governmental Entity and to certify to the above.

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